Entered -8-10-99 - sb **CL 99L0505** - GWENDOLYN BURNS

CLAIM OF:

AMELIA MUSARRA

110 Terrace Drive, NE Atlanta, Georgia 30305 01-2 -0394

For damages alleged to have been sustained due to a flood which occurred as a result of a creek overflow on July 6, 1999 at 110 Terrace Drive, NE.

THIS ADVERSED REPORT IS APPROVED

BY: CONCUE PUBLIS LOWELL
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

ADVERSE REPORT
COM Jublic Safety

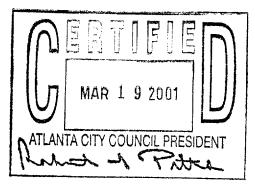
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Councilmembers Morris & Wooland Votal NAY



RHONDA DAUPHIN JOHNSON, CMC MUNICIPAL CLERK

March 30, 2001

55 TRINITY AVENUE, S.W. SECOND FLOOR, EAST SUITE 2700 ATLANTA, GEORGIA 30335 (404) 330-6033 FAX (404) 658-6103

Amelia Musarra 110 Terrace Dr., NE Atlanta, GA 30305

01-R-0394

Dear Ms. Musarra:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on March 19, 2001. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the City Attorney's Office/Claims Division at (404) 330-6400.

Sincerely,

Rhonda Dauphin Johnson, CMC Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0505	Date: February 2, 2001	
Claimant / Victim AMELIA MUSARRA		
BY: (Atty) (Ins. Co.)		
Address: 110 Terrace Drive, NE. Atlanta Geo	orgia 30305	
Subrogation: Claim for Property damage \$	6 500 00 Podily Injury C	
Date of Notice: 8/2/99 Method: W	Vritten, Proper X Improper	
Conforms to Notice: O.C.G.A. §36-33-5	X Ante Litem (6 Mo.) X	
Date of Occurrence 7/6/99 Pla	Vritten, Proper X Improper X ace: 110 Terrace Drive, NE,	
Department PUBLIC WORKS Division St	EWER OPERATIONS	
Employee involved Disciplinar	y Action:	
NATURE OF CLAIM: Claimant sustained propert	y damage when her residence was flooded as a result of the	
creek overflowing behind her home on the above-listed	d date. An investigation determined that tree logs were lodged	
inside of a storm drain catch basin which inhibited the	he system from properly disposing the storm water. Further	
research determined that the City did not have any con	aplaints of debris or fallen trees in the creek until after the date	
of claimant's incident. Additionally, the City experier	nced an unusually large amount of rainfall during a severe rain	
storm, an "act of God", on the day of the incident wh	nich caused the creek to overflow. The City is immune from	
liability as set forth in O.C.G.A. §36-33-1.		
INVESTIGATION:		
Statements: City employee X Claimant	OthersWrittenX Oral	
Pictures _ Diagrams Reports: Poli	ce Dent Renort X Other	
Traffic citations issued: City Driver	Claimant Driver	
Citation disposition: City Driver	Claimant Driver	
BASIS OF RECOMMENDATION:		
Function: Governmental X	Ministerial	
Improper Notice More than Six Months	Other X Damages reasonable	
City not involved Offer reje	ccted Compromise settlement	
Repair/replacement by Ins. Co.	Renair/renlacement by City Forces	
Claimant Negligent City Negligent	Repair/replacement by City Forces Joint Claim Abandoned	
on registering	Claim Abandoned	
	Respectfully submitted,	
	Respection y submitted,	
	A she day ()	
	AND THE TOP OF THE PURIS	
	ANVESTIGATOR - OWENDOLYN BURNS	
RECOMMENDATION:	C	
Pay \$ Adverse X //	Account charged: 1A01 2J01 2H01	
Claims Manager:	Concur/date 33 or s/	
Committee Action:	Council Action	
- Committee rection.	Council Action	

COUNCIL OF THE CITY OF ATLANTA MUNICIPAL CLERK City Hall 50 Trinity Avenue, S.W. Atlanta, Georgia 30335 Dear Municipal Clerk: Dear
Dear Municipal Clerk: ENTERED - 8-10-99 - SB 99L0505 - GWEN BURNS This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ \(\frac{\text{SOL}}{\text{ODL}} \) property and/or \$ \(\frac{\text{Doctor}}{\text{Doctor}} \) bodily injury for which I contend the City is liable. 1. Date of incident: \(\frac{\text{T}}{\text{C}} \) \(\frac{\text{C}}{\text{ODL}} \) \(\frac{\text{Doctor}}{\text{Month/day/year}} \) 2. Time of Incident: \(\frac{\text{SOL}}{\text{SOL}} \) 3. Police called: \(\frac{\text{Yes}}{\text{No}} \) No 4. Location of incident (including street address): \(\frac{\text{TEREDE TOR.}{\text{ALL.}} \) \(\frac{\text{ALL.}}{\text{Doctor}} \) \(\frac{\text{Doctor}}{\text{No.}} \) \(\frac{\text{Policy No.} \(\frac{\text{ASS}}{\text{SOL}} \) \(\frac{\text{Policy No.} \(\frac{\text{ASS}}{\text{SOL}} \) \(\frac{\text{Policy No.} \(\frac{\text{ASS}}{\text{ASS}} \) \(\frac{\text{Policy No.} \(\frac{\text{ASS}}{\text{ASS}} \) \(\frac{\text{ALL.}}{\text{ASS}} \) \(\frac{\text{Policy No.} \(\frac{\text{ASS}}{\text{ASS}} \) \(\text{
This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ \(\limits \) \(\text{property} \) \(\text{podily injury for which I contend the City is liable.} \) 1. Date of incident: \(\frac{7}{16} \) \(\frac{9}{9} \) \(2 \) Time of Incident: \(\frac{5}{30} \) \(3 \) Police called: \(\frac{8}{16} \) \(\frac{16}{16} \) \(1
1. Date of incident: 7 6 90 2. Time of Incident: 5 30 3. Police called: X No 4. Location of incident (including street address): 10 TERRACE DR. At L. 307055, 5. Name of your insurance company: 100 KESSIVE Policy No. 351309410 6. State what and how incident occurred: 100 Glegence and 100 Language of Lunter of Lunter of Language of Lunter of
5. Name of your insurance company: FROGRESSIVE Policy No. 25/309410 6. State what and how incident occurred: Meglicence in main taining City Male: Man - Gr - Caused Lexies of the Action of the complete of the following of False Claims will 7. ALL ESTIMATES AND DAMAGES ARE SUBJECTTO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION! 8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title). Your vehicle: MERCEDES 1985 262QS AMELIA MUSANCIA (Make) (Year) (Tag Number) (Department/Bureau) 9. Witness: Make) (City Driver's Name) (Department/Bureau) 4. 762-0980
6. State what and how incident occurred: Meglesence in main taining City Reales and complete fooded automobile - total Messer and complete fooded automobile - total 7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION! 8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title). Your vehicle: MERCEDES 1985 202QS AMELIA MUSAKRIA (Make) (Year) (Tag Number) (Driver's Name) City vehicle: (Make) (City Driver's Name) (Department/Bureau) 9. Witness: Make) (City Driver's Name) (Department/Bureau)
City Male: 1111-97 - Caused (excess Fire flooded nuters) And Success of Males and Complete, fooded nuters which, Malestimates and Damages are subject to inspection. The making of false claims will result in your claim being denied and may result in criminal prosecution! 8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title). Your vehicle: 1985 2020 America Museum (Driver's Name) City vehicle: (Make) (City Driver's Name) (Department/Bureau) 9. Witness: 1985 2020 America (Department/Bureau)
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Your vehicle: MERCEDES 1985 ZOZXS AMELIA MUSAKRIA (Make) (Year) (Tag Number) (Driver's Name) City vehicle: (Make) (City Driver's Name) (Department/Bureau) 9. Witness: Jahn Warren 110 Terraco M. All. 4762-0980
(Make) (City Driver's Name) (Department/Bureau) 9. Witness: John Warven 110 Terrace Dr. All. 4.762-0980
9. Witness: John Warren 110 Terrace Dr. All. 4.762-0980
9. Witness: Sono Wavven 110 levrace W. Htt. 4 202-0980 (Name) (Address) (Telephone Number)
(Velephone Ivamber)
10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.
I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. AMELIA WUSARN (Print Clamaint's Name)
Signature of Claimant (Address)
(Address)
ATL GA 30305 (City, State and Zip Code)
01- \mathcal{L} -0394 $4)$ 233 -6599 $4)$ 846 -674 2 (Work Number) (Home Number)

Atlanta City Council

Regular Session

CONSENT

Pages 1 thru 15

ADOPT

SEE ATTACHED LISTING OF ITEMS ADOPTED/ADVERSED

ON CONSENT AGENDA

YEAS: 12 NAYS: 0

ABSTENTIONS: 0

NOT VOTING: 3

EXCUSED: 0 ABSENT

Y McCarty Y Starnes NV Bond

Y Winslow

Y Dorsey Y Woolard Y Morris

NV Muller

Y Moore Y Martin Y Maddox

Y Boazman

Y Thomas Y Emmons B Alexander

NV Pitts

ITEM (S) REMOVED FROM **CONSENT AGENDA**

01-0-0067

Woolard & Morris voted Nay on the

following items:

01-R-0379

01-R-0392

01-R-0393

01-R-0394

01-R-0395

01-R-0396

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CONSENT

Atlanta City Council

Regular Session

CONSENT Reconsidered .

Pages 1 thru 15

ADOPT

YEAS: 11

0 :SYAN 0 :SNOITN

ABSTENTIONS: 0
NOT VOTING: 4

EXCUSED: 0
ABSENT 1

SEE ATTACHED LISTING OF

ITEMS ADOPTED/ADVERSED

ON CONSENT AGENDA

Y Thomas Y McCarty Y Dorsey Y Moore ITEM (S) REMOVED FROM Y Starnes Y Woolard Y Martin NV Emmons **CONSENT AGENDA** Y Morris NV Bond Y Maddox B Alexander 01-0-0067 Y Winslow NV Muller Y Boazman NV Pitts 01-0-0354

Woolard & Morris voted Nay on the

following items:

01-R-0379

01-R-0392

01-R-0393

01-R-0394

01-R-0395

01-R-0396

Atlanta City Council

Regular Session

CONSENT Reconsidered Pages 1 thru 15 世2 ADOPT

> YEAS: 13 SEE ATTACHED LISTING OF NAYS: 0 ITEMS ADOPTED/ADVERSED ABSTENTIONS: 0 ON CONSENT AGENDA NOT VOTING: 2 EXCUSED: 0 ABSENT 1

NV McCarty Y Dorsey Y Moore Y Thomas ITEM (S) REMOVED FROM Y Starnes Y Woolard Y Martin Y Emmons Y Bond Y Morris CONSENT AGENDA Y Maddox B Alexander Y Winslow Y Muller Y Boazman 01-0-0067 NV Pitts 01-0-0354 01-0-0188

Woolard & Morris voted Nay on the

following items:

01-R-0379

01-R-0392

01-R-0393

01-R-0394

01-R-0395

01-R-0396

		03/19/01 Council
		Meeting
ITEMS ADOPTED ON	ITEMS	ITEMS
CONSENT AGENDA	ADOPTED ON	ADVERSED
	CONSENT	ON CONSENT
	AGENDA	AGENDA
1. 01-O-0306	39. 01-R-0397	57. 01-R-0437
2. 01-O-0445	40. 01-R-0398	58. 01-R-0438
3. 01-O-0449	41. 01-R-0399	59. 01-R-0375
4. 01-O-0450	42. 01-R-0400	60. 01-R-0376
5. 01-O-0098	43. 01-R-0401	61. 01-R-0377
6. 01-O-0178	44. 01-R-0402	62. 01-R-0378
7. 01-O-0302	45. 01-R-0403	63. 01-R-0379
8. 01-O-0367	46. 01-R-0404	64. 01-R-0380
9. 00-O-1987	47. 01-R-0405	65. 01-R-0381
10. 01-0-0448	48. 01-R-0406	66. 01-R-0382
11. 00-O-2069	49. 01-R-0407	67. 01-R-0383
12. 01-O-0446	50. 01-R-0408	68. 01-R-0384
13. 01-O-0187	51. 01-R-0409	69. 01-R-0385
14. 01-O-0294	52. 01-R-0410	70. 01-R-0386
15. 01-R-0411	53. 01-R-0433	71. 01-R-0387
16. 01-R-0412	54. 01-R-0434	72. 01-R-0388
17. 01-R-0413	55. 01-R-0435	73. 01-R-0389
18. 01-R-0414	56. 01-R-0436	74. 01-R-0390
19. 01-R-0420		75. 01-R-0391
20. 01-R-0421		76. 01-R-0392
21. 01-R-0475		77. 01-R-0393
22. 01-R-0428		78. 01-R-0394
23. 01-R-0429		79. 01-R-0395
24. 01-R-0477		80. 01-R-0396
25. 01-R-0220		81. 01-R-0440
26. 01-R-0430		82. 01-R-0439
27. 01-R-0447		
28. 01-R-0452		
29. 01-R-0458		
30. 01-R-0417		
31. 01-R-0426		
32. 01-R-0427		
33. 00-R-1466		
34. 01-R-0416		
35. 01-R-0419		
36. 01-R-0424		
37. 01-R-0108		
38. 01-R-0189		